

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 8-11-03.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 8-11-03, therefore the following date of service is not timely: 6-18-02.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the following prescribed medications were not medically necessary: Promethazine, Nalbuphine, Hydrocodone, and Amoxillin. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 11/11/02 through 7/28/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5<sup>th</sup> day of March 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division  
RLC/rlc

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** March 1, 2004

**MDR Tracking #:** M5-04-1216-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification.

The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant has a history of chronic neck pain allegedly related to a compensable work injury that occurred on or about \_\_\_\_\_. An MRI report on 12/14/93 was consistent with slight central bulges at C6/7. An EMG/NCV study performed on 12/5/93 showed no cervical radiculopathy and mild right carpal tunnel syndrome. Notwithstanding a lack of clear surgical indications, the claimant underwent a C5/6 and C6/7 discectomy and fusion on 2/24/95. The claimant is now treated for a chronic pain syndrome.

### **Requested Service(s)**

Injectable Promethazine, injectable Nalbuphine, oral Hydrocodone, oral Amoxicillin

### **Decision**

I agree with the insurance carrier that the requested intervention is not medically necessary.

### **Rationale/Basis for Decision**

Intramuscular Promethazine is an anti-dopaminergic drug indicated for the prevention of nausea and vomiting associated with anesthesia and surgery. There is no documentation of severe nausea necessitating injectable antiemetic medication. Nalbuphine is a narcotic agonist with the potency equivalent to Morphine. This highly addictive narcotic is generally indicated for treatment of acute pain usually associated with trauma and peri-operative conditions. There is no documented clinical condition necessitating the use of injectable narcotic agonists in this clinical setting. Hydrocodone is a synthetic Codeine narcotic usually prescribed for treatment of acute pain usually associated with injury and peri-operative conditions. There is no documentation of a clear indication for the use of this oral narcotic agonist in this clinical setting. Amoxicillin is an oral antibiotic used for treatment of infection of gram positive and gram negative organisms. There is no documentation of infection that is reasonably related to the compensable injury. Dystonia is a condition of abnormal posturing due to sustained repetitive patterns of contractions of muscle. The primary form of this disease is idiopathic in origin and is generally treated with neuroleptic drugs. There is no documentation of diagnosis of primary dystonia. Dystonia is also a secondary finding that is associated with degenerative neurologic conditions and is generally managed with anticholinergic medications. There is no documentation of any degenerative neurologic condition. The claimant's neck and parascapular muscle spasm is a *secondary* finding associated with a chronic pain syndrome of the cervical spine. Generally treatment of a chronic pain condition as exhibited by this claimant entails exhaustion of all conservative measures of treatment including but not limited oral nonsteroidal and steroidal anti-inflammatory medications, bracing, and physical therapy to include use of conventional ice/heat modalities and dynamic spinal stabilization techniques as well as cervical traction. There is no documentation of exhaustion of usual and customary conservative measures of treatment in this clinical setting. While \_\_\_\_\_ is the prescribing physician for Promethazine, Nalbuphine and Hydrocodone, it should be noted that the documented clinic visits dated 1/18/02, 2/10/03, 5/15/03, 10/1/03 and 1/21/04 are virtually identical clinical documents. There has been no new clinical information documented by the prescribing physician since 6/18/02. Documentation does not support continued prescription of promethazine, nalbuphine, hydrocodone, and amoxicillin as reasonable or medically necessary.